Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:1 of 17

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12463		
Facility Name:	San Fra	ncisco General Hospital	
Address:	1001 P	otrero Avenue	
City:	San Fra	ncisco	
Hospital Owner/Lic	censee:	Please Enter License/Owner Name	
Year of Rep	porting:	2010	
Contact 1 e-mail Ad	ddress:		
Contact 2 e-mail Ad	ddress:		
Contact 3 e-mail Ad	ddress::		
Name of Sub	bmitter:	Kathy Jung	
Submission	n Date:	1/28/2011 9:38:37 AM	1

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:2 of 17

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	1001 Potrero Avenue	Replace	SPC5	01/01/2020	07/01/2015
02	M Wing	1001 Potrero Avenue	Replace	SPC5	01/01/2020	07/01/2015
03	Service Building	1001 Potrero Avenue	Retrofit	SPC5		07/08/2010

2010

12463

San Francisco General Hospital

San Francisco

Page:3 of 17

For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Main Hospital	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
12463 IS071795	0 PPR - SFGH PROGRAM REBUILD	09/27/2007 09/27/2007 07/01/20	O15 OPEN No
Building No: 02	M Wing	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
12463 IS071795	0 PPR - SFGH PROGRAM REBUILD	09/27/2007 09/07/2007 07/01/20	005 OPEN No
12463 IS071795	0 PPR - SFGH PROGRAM REBUILD	09/27/2007 09/27/2007 07/01/20	015 OPEN No

Report Year: 2010 12463 San Francisco General Hospital San Francisco

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Page:4 of 17

Build	ling Number: 01	Buildii	ng Name: Main Hospital		
Туре	e of Service Prov	<u>ided</u>			
X	Nursing	Inpatient Beds	195 Inpatient 65426 Days	X Surgical X	Obstetrical Recovery
X	IntensiveCare	Inpatient Beds	33 Inpatient Days 8557	X Anesthesia X	Newborn/ WellBaby
X	Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 433	X Clinical Lab	Emergency
X	Psychiatric Nursing	Inpatient Beds	100 Inpatient Days 21919	X Radiological/ Imaging	Nuclear Medicine
X	Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 4045	X Pharmaceutical X Dietetic	Rehabilitation Therapy
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X	, , , , , , , , , , , , , , , , , , ,
X	Skilled Nursing	Inpatient Beds	30 Inpatient Days 10820	X Support Services X Obstetrical	Outpatient Surgery
			Total Beds this Building 382	Cesarean/Deliv	Central Plant

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:5 of 17

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: M Wing				
Type of Service Prov	Type of Service Provided					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	Cesarean/Deliv	Central Plant		

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:6 of 17

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Service Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesalean/Denv	X Central Plant

2010

12463

San Francisco General Hospital

San Francisco

Page:7 of 17

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Ma	in Hospital		
Medical / Surgical ((Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 195 Bed	Inpatient 6542 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 100 Bed	Inpatient 2191 Days 9
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 12 Bed	Inpatient 4045 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 1082 Days 0
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 433 Days	Inpatient 3 Bed	Inpatient 579 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 30 Bed	Inpatient 7978 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	382	382

2010

12463

San Francisco General Hospital

San Francisco

Page:8 of 17

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: M W	'ing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2010

12463

San Francisco General Hospital

San Francisco

Page:9 of 17

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Se	ervice Building		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

Report Year:	2010	12463	San Francisco General Hospital	San Francisco	Page:10 of 17
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	M Wing	
03	Service Building	

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:11 of 17

List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Building 25	

2010

12463

San Francisco General Hospital

San Francisco

Page:12 of 17

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	М	ain Hospital							
Type of Service	Type of Service Provided										
			X	Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy			
X	Nursing		X	Anesthesia							
X	IntensiveCare				X	Obstetrical Recovery	Х	Renal Dialysis			
X	Pediatric/Adol		X	Clinical Lab			Х	Outpatient			
			X	Radiological/ Imaging	X	Newborn/ WellBaby		Surgery			
X	Psychiatric Nursing		x]	Pharmaceutical	X	Emergency		Central Plant			
X	Obstetrical										
	Ante/Postprtu	m [X	Dietetic		Nuclear Medicine	X	Support Services			
	Intermediate										
_	Care		X	Administration							
X	Skilled Nursin	g									

Report Year:	2010	12463		San Francisco General Hospital		San Francisco	Page:13 of 17
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	M	Wing			
Type of Service	e Provided						
				Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing			Anesthesia			
	IntensiveCare	_				Obstetrical Recovery	Renal Dialysis
П	Pediatric/Adol	×		Clinical Lab			Outpatient
				Radiological/ Imaging	Ш	Newborn/ WellBaby	Surgery
Ц	Psychiatric Nursing			Pharmaceutical		Emergency	Central Plant
	Obstetrical Ante/Postprtu	m			П	Nuclear	Support
				Dietetic		Medicine	Services
	Intermediate Care	×		Administration			
	Skilled Nursin	g					

Report Year:	2010	12463	San Francisco General Hospital	San Francisco	Page:14 of 17
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Service Building							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare	•		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Ado	, [Clinical Lab			Outpatient				
	escent		Radiological/	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant				
	Obstetrical		Filaimaceuticai	Emergency	X	Central Plant				
Ш	Ante/Postprtu	ım [Dietetic	Nuclear Medicine		Support Services				
	Intermediate Care									
	Cale		Administration							
	Skilled Nursir	ng								

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:15 of 17

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Nar	me: Main Hospital				
Configuration:	Replace with new S	SPC 5 and N	IPC 4 or NPC 5 building				
Type of Servic	e Provided						
X N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X In	ntensiveCare	X	Anesthesia	X	Obstetrical	Х	Renal Dialysis
l I	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric Jursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
17 1	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	ntermediate	X	Dietetic				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:16 of 17

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: M Wing							
Configuration :	Remove from GAC	C service by	1/1/2020							
Type of Service	Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic	Ш	Lineigeney		Contrart fant			
	Care		Administration		Nuclear Medicine		Support Services			
	Skilled Nursing									

Report Year: 2010 12463 San Francisco General Hospital San Francisco Page:17 of 17

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Nan	ne: Service Building			
Configuration :	N/A					
Type of Servic	e Provided					
N	lursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric lursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	ntermediate		Dietetic	Emergency		Central Flant
<u> </u>	care		A desiminate state of	Nuclear Medicine		Support Services
S	killed Nursing		Administration			

Report Status: Data Last Update: 01/07/2011 Submission Date: 01/28/2011 Print Date: 2/1/2011 10:10 AM

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